

# State of Connecticut

GENERAL ASSEMBLY



## PERMANENT COMMISSION ON THE STATUS OF WOMEN

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### Written Testimony of the Permanent Commission on the Status of Women Before the Select Committee on Children Tuesday, March 1, 2005

**Re:**

**SB 1174 AAC School Nutrition**  
**SB 1175 AA Establishing A School Breakfast Pilot Program**  
**HB 6800 AA Appropriating Funds for Nutrition Programs**  
**HB 6799 AAC Juvenile Justice**

The Permanent Commission on the Status of Women thanks the committee for this opportunity to provide written testimony regarding the above-referenced proposals.

#### **HB 6799 AAC Juvenile Justice**

PCSW strongly supports the goal of eliminating the prosecution of family with service needs children (FWSN) for noncompliance with certain court orders.

In 2004, there were 5,258 girls with court cases disposed, which is an increase of 49% since 1999.<sup>1</sup> Approximately 36% of girls entered the juvenile justice system with a referral to court as a child in a Family With Service Needs (FWSN), due to truancy, running away from home, or being beyond the control of a parent.<sup>2</sup>

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<sup>1</sup> Dunbar, Darlene. *Plan for a Continuum of Community Based Services for Adolescent Females Involved in the Juvenile Court System*. Department of Children and Families, December 2004, p. 47

<sup>2</sup> Ibid, p. 46.

When a child enters the FSWN system, the case can be handled non-judicially (with a probation officer) or judicially (before a judge). If a child violates a non-judicial agreement, she must appear before a judge for judicial processing. If a child violates a judicial order, she is referred to the Court as a delinquent.<sup>3</sup> Apparently complying with the agreement or order is a challenge for many of these girls, as 83% of those who end up in retention have a history of FSWN referrals, and 55% have had two or more FSWN referrals.<sup>4</sup> This is because the underlying reasons for their behaviors are not adequately addressed.

Many are victims of sexual assault and domestic violence, and many have mental health and substance abuse problems. In 2004, 248 girls were on the juvenile justice parole caseload. Of those girls, 40.7% had substance abuse problems; 17.7% were sexually victimized, and 25% were abused or neglected.<sup>5</sup> These children need treatment and services and the best opportunity we can give them to overcome the challenges they face and to live meaningful lives – not incarnation, which could further compound their problems.

We look forward to working with this committee and others in developing plans to serve the needs of female juvenile offenders and to help them stay in the community and enjoy safe, productive lives.

**SB 1174 AAC School Nutrition**

**SB 1175 AA Establishing A School Breakfast Pilot Program**

**HB 6800 AA Appropriating Funds for Nutrition Programs**

PCSW and the Connecticut Women's Health Campaign (CWHC) support passage of SB 1174 which would increase recess times for students in grades K-5 and ensure that only low-fat nutritious food and drinks are available at schools for purchase by student; SB 1175 which would establish an in-classroom school breakfast pilot program for up to ten severe needs schools, and; HB 6800 which would provide funds for the provision of nutritious meals in schools.

Early nutrition is key to preventing several diseases and conditions that disproportionately affect the lives of women, particularly osteoporosis, obesity, and diabetes, as well as diseases which affect all of us such as cancer and cardiovascular disease. For example, osteoporosis is a serious degenerative bone condition that affects 28 million people in the United States, the vast majority of whom – a full 80% - are women. Two of the primary causes of osteoporosis are poor nutrition and lack of exercise in childhood and the teen years. In fact, osteoporosis has been characterized as a 'pediatric epidemic with a geriatric outcome.' Osteoporosis is largely preventable if children and teens eat properly and get adequate exercise. This is when calcium is deposited in the bones,

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<sup>3</sup> Ibid.

<sup>4</sup> Ibid, p. 47.

<sup>5</sup> Ibid, p. 49.

making them dense and healthy. Later in life, after the age of thirty, calcium is depleted from the bones.

We are also here because obesity, eating disorders, diabetes and other medical conditions can be reduced if our children have access to healthy food at school and at home. Over the past decade, schools have made significant strides in improving the nutritional content of meals served in school cafeterias. But those meals are supplemented by an array of choices from vending machines that frequently offer fatty, salty and sugar-based foods that are not as healthy as cafeteria meals. Although there are regulations that require schools to turn off vending machines one half hour before and after any federally funded meal program, many students still have access to the vending machines at other times of the day. For example, in 76.3% of schools, students can purchase soft drinks from a vending machine, and in 63.5% of schools, students can purchase high-fat salty snacks or baked goods. By comparison, students can currently purchase fruits and vegetables in only 17.6% of schools.

During this era of skyrocketing health care costs, we cannot afford to ignore the steps that can be taken to *prevent* illness and poor health. We have rules and regulations to protect our children from all sorts of harm – fire codes, building codes and safety rules of all kinds. We can also protect our children from illnesses we know how to prevent, and our society from health care costs we should not have to bear. These proposals are an important step in the right direction. We urge your support.

Thank you.



